

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 02/26/2013

Voucher Vchr VchrLineDescr

Number Line

Line#

Description

Fund

VendorName

Withhold

Accounting Period

PurchaseOrder Invoice Number

Total Amount

00326659	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06105	ADAMS RICH-001	2013	02	0000096379	Adams, R. 2.11-2	115.00
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Total For Voucher 115.00

3000007597 3/4/13

NS

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 2.11-2.12.13
Voucher ID: 00326659 Invoice Date: 02/21/2013
Voucher Style: Regular Total: 115.00


Voucher Processing

☒ Post Voucher ☐ Close Voucher

☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross

Match Action

*Status: Ready

☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD  Rate Type: CRFNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS 

Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

714 E 100th

VOUCHER NUMBER	
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00376659

NAME						CAR LICENSE NUMBER	POST OF DUTY						
Richard Adams						SG-1984	Ruidoso						
VENDOR NUMBER 97303						MODEL Nissan	RESIDENCE Ruidoso						
REG. WORK DAY 8:00 AM THRU 5:00 PM						YEAR 2011	(ADVANCE VOUCHER) ACTUAL (RECOUPMENT VOUCHER)						
DATE	TIME: SHOW AM OR PM	DEPARTURE	ARRIVAL	CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTRACTED AND MISCELLANEOUS INFORMATION		ODOMETER/MAP MILES ENTER START & FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	AMOUNTS		
2/11/2013		6:00am	6:00pm	Depart Ruidoso to T or C overnight Depart T or C to Ruidoso partial day per diem 12.0 hrs			0	0.00 \$ 0.00 \$ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	85.00 30.00		85.00 30.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		
2/12/2013													
Per Diem is Based on (Check One) ACTUAL EXPENSES <input type="checkbox"/> I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.						TOTALS	0	0.00	115.00	0.00	115.00		
APPROVED RATES						ADVANCE AMOUNTS 80%							
Employee Signature _____ Date _____						ADJUSTED REIMBURSEMENT							
<input checked="" type="checkbox"/> Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act. SECTION 10-9-5 (f), NMSA 1978						1. HICHARD ADAMS (TYPE PAYEE NAME) I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLEES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT. PAYEE SIGN HERE: Richard Adams DATE 1-18-13							
Signature _____ (DOH-General Accounting Use Only) _____ Date _____ Signatures required on overnight lodging exceeding \$215.00 per night:													

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	Gs-1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with staff at NMSVH in Truth or Consequences.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	02/08/13	Destination: T or C, NM					
	Departure Date: (month/day/yr)	02/11/13	Time:	06:00 AM	Return Date: (month/day/yr)	2/12/13	Time:	06:00 PM
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:							

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	@ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 115.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 115.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

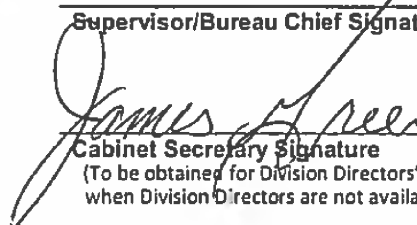
 1-18-12

Employee Signature _____ Date _____

Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator
(As per specific division requirements)

Date _____


Cabinet Secretary Signature
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date _____